

CTI Meeting Data Form

		P	ID#							
		RP	N#	Н	2	2 1	. 9	4	: []	2
	Site:	2	1	0	0	0	2	.[0		0
Date		$ \top $	/		7/	· [

		Date / /							
CTI Focal areas: 01. Systems coordination 02. Engagement, MH 03. Engagement, SA 04. Med Adherence 05. Support Network 06. Life Skills Assistance 07. Medical Care 08. Community Links 09. Pratcical needs assistance 88. n/a 99. missing	List of Participants: 01. Patient 02. Family member/CSO 03. MH Professional 04. SA Professional 05. Social Worker 06. Financial Professional 07. Medical Professional 08. Housing PRofessional 09. Other (sponsor, clergy, etc.) 88. n/a 99. missing	Outcomes: 01. Medication given/appt made 02. MH/SH appt made 03. Medical appt made 04. Pt linked to additinal services 05. Housing problem addressed 06. Financial problem addressed 07. Family/CSO problem addressed 08. Life/practical skill addressed 09. Other 88. n/a 99. missing							
1st CTI Focus Area addressed in	n meeting?								
2nd CTI Focus Area addressed in meeting?									
3rd CTI Focus Area addressed i									
1st Participant in meeting?									
2nd Participant in meeting?									
3rd Participant in meeting?									
Brief Description of Meeting									
1st Outcome of meeting?									
2nd Outcome of meeting?									
3rd Outcome of meeting?									
Brief Description of Outcome/D	isposition:								
Subjective rating of tone of meeting by CTI Clinician:									
O Negative O Some Negative/Some Positive O Positive									
Subjective rating of outcome of i	meeting by CTI Clinician::								
O Poor/Unsatisfactory O Adequate/Some unsatisfactory and some satsifactory O Good/Satisfactory									

R 01/04 Page 1 of 1